MILLWÄY HEALTHCARE LLC 8534 WEST MILL ROAD

MI LWAUKEE 53225 Ownershi p: Phone: (414) 353-2300 Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 74 Yes Total Licensed Bed Capacity (12/31/01): 100 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 61 Average Daily Census: 60 *********************** ****************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 9	More Than 4 Years	23. 0
Day Services	No	Mental Illness (Org./Psy)	21.3	65 - 74	27. 9		
Respite Care	No	Mental Illness (Other)	13. 1	75 - 84	41.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	21. 3	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 6	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	3. 3	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14.8	65 & 0ver	95. 1	`	
Transportati on	No	Cerebrovascul ar	19. 7	[']		RNs	10. 3
Referral Service	No	Di abetes	6. 6	Sex	%	LPNs	11. 2
Other Services	No	Respi ratory	8. 2			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	11.5	Male	34. 4	Ai des, & Orderlies	41. 0
Mentally Ill	No	İ		Femal e	65. 6		
Provi de Day Programmi ng for		İ	100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	:]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	5	9. 1	132	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	5	8. 2
Skilled Care	1	100. 0	334	43	78. 2	112	1	100.0	129	0	0.0	0	4	100.0	129	0	0.0	0	49	80. 3
Intermedi ate				7	12. 7	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	11. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	1	100.0		55	100.0		1	100. 0		0	0.0		4	100. 0		0	0.0		61	100. 0

MILLWAY HEALTHCARE LLC

Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti or	s, Service	s, and Activities as of 12	2/31/01
Deaths During Reporting Period				Total			
Percent Admissions from:		Activities of	%		leedi ng tance of	% Totally	Number of
Private Home/No Home Health	2. 2	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 2	Bathi ng	13. 1		72. 1	14. 8	61
Other Nursing Homes	28. 1	Dressing	13. 1		72. 1	14. 8	61
Acute Care Hospitals	64 . 0	Transferring	26. 2		55. 7	18. 0	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 8		60. 7	24. 6	61
Rehabilitation Hospitals	0.0	Eati ng	41. 0		41. 0	18. 0	61
Other Locations	3. 4	***************	******	******	*****	*********	*****
Total Number of Admissions	89	Continence			pecial Tre		%
Percent Discharges To:		Indwelling Or Externa		6. 6		Respiratory Care	1. 6
Private Home/No Home Health	11. 1	0cc/Freq. Incontinent		60. 7		Tracheostomy Care	0. 0
Private Home/With Home Health	14. 8	0cc/Freq. Incontinent	of Bowel	65. 6		Sucti oni ng	0. 0
Other Nursing Homes	7.4					Ostomy Care	1. 6
Acute Care Hospitals	44. 4	Mobility	_			Tube Feeding	6. 6
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	i	0. 0	Recei vi ng	Mechanically Altered Diet	s 36.1
Rehabilitation Hospitals	0. 0	J		_			
Other Locations	2. 5	Ski n Care				ent Characteristics	
Deaths	19. 8	With Pressure Sores		8. 2		nce Directives	100. 0
Total Number of Discharges		With Rashes		0. 0 N	ledi cati ons		
(Including Deaths)	81				Recei vi ng	Psychoactive Drugs	52. 5

Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 66. 4 77. 1 0.86 85. 7 0.77 82.7 0.80 84. 6 0.78 Current Residents from In-County 88. 5 82.7 1.07 86. 1 1.03 **85**. 3 1.04 77. 0 1. 15 Admissions from In-County, Still Residing 25.8 19. 1 1.35 17.5 1.47 21. 2 1. 22 20.8 1. 24 Admissions/Average Daily Census 148.3 173. 2 0.86 212. 2 0.70 148. 4 1.00 128. 9 1.15 Discharges/Average Daily Census 135.0 173.8 0.78 210. 1 0.64 150. 4 0.90 130.0 1.04 Discharges To Private Residence/Average Daily Census **35. 0** 71.5 0.49 87. 3 0.40 **58.** 0 0.60 **52.8** 0.66 Residents Receiving Skilled Care 88. 5 92.8 0.95 93.8 0.94 91.7 0.97 85.3 1.04 Residents Aged 65 and Older 1.01 95. 1 86.6 1. 10 94.0 91.6 87. 5 1.04 1.09 Title 19 (Medicaid) Funded Residents 90. 2 71.1 1.27 64. 4 68. 7 1.31 60. 5 1.49 1.40 Private Pay Funded Residents 13.9 0.00 23.8 22. 0 0.0 0.00 26. 1 0.00 0.00 Developmentally Disabled Residents 0.0 1.3 0.00 0.9 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 34.4 32. 5 1.06 27.3 1. 26 32. 2 1.07 33. 8 1. 02 General Medical Service Residents 11.5 20. 2 0.57 27.4 0.42 23. 2 0.50 19. 4 0.59 51. 2 49.3 Impaired ADL (Mean) 48. 5 52.6 0.92 0.95 51.3 0.95 0.98 Psychological Problems 52. 5 48.8 1.08 52.4 1.00 50. 5 1.04 51. 9 1.01 Nursing Care Required (Mean) 0.92 7. 2 0.92 6.8 7.3 6. 7 1. 01 0.94 7. 3